С	OUNTY USE ONLY	Invoice Voucher					AOIC USE ONLY		
Reimbursement Type: (check one)		Administrative Office of the Illinois Courts				Control Number			
Grants-in-Aid		Probation Services Division							
Pretrial		3101 Old Jacksonville Road					Expenditure Object		
Salary Subsidy		Springfield, Illinois 62704					4471		
If Supplemental Voucher, Check Box		County FEIN Zip Code					Appropriation Number		
Claim Information		2.p code					001-20105-1900-0100		
Month		County Treasurer					AOIC Certification		
Year County Department		Address City , IL					I certify that the services specified on this voucher were for the use of the Judicial Branch and that the expenditure for such services was authorized and lawfully incurred; that such services meet all the required standards set forth in the Probation and Probation Officers Act to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of section 5.1 of the Governor's Office of Management and Budget Act have been met.		
							By Date		
Description of Claim Note: You may attach a print out for the following information, however, it is required that you follow the same layout.									
Position Number	Probation/Court Services Employees	Days Worked	SSN Last 4 Digits	Annual Salary	Amount Paid in Month	Amount of Claim		AOIC USE ONLY	
VOUCHER TOTAL \$						-			
County Treasurer's Certification and Chief Circuit Judge's Approval "I, Treasurer, do hereby certify that the payroll information herein is correct and acknowledge that the Chief Judge has certified that the services listed above were performed at his/her direction and are legally chargeable to the State of Illinois, pursuant to Section 15 of the Probation and Probation Officer's Act (730 ILCS 110/15 (West 1996)."									
	surer's Signature	County					Date		
Journy 1100	ou. o. o orginatar o	ood.n.y							
Chief Circuit	Judge's Signature	Circuit					Date		